



## Federal Update for June 23 - 27, 2014



### ***Walz Statement on Office of Special Counsel Findings***

Washington, DC [6/23/14] —Representative Tim Walz released the following statement after the [Office of Special Counsel](#), an independent federal investigative and prosecutorial agency, released findings in a report entitled *Continued Deficiencies at Department of Veterans Affairs' Facilities*, detailing the continued failures of the VA's [Office of Medical Inspector](#):

“The letter from the Office of Special Counsel is incredibly troubling and raises serious questions about the legitimacy and viability of the Office of Medical Inspector (OMI). OMI—supposedly an office responsible for investigating accusations and serving an internal watchdog role at the VA—must explain fully why they continued to ignore whistleblower’s concerns, downplay problems, and mislead Congress and the American people.

“This report speaks to the arrogance and culture of corruption that seems rampant with some at VHA central office. Time and time again it seems they are ignoring their own findings, requests for information from the VA Committee, and, most tragically, what they are hearing from veterans. VA officials continue to paint the picture that everything is going well and it’s all roses and sunshine, which is simply out of touch with reality. It’s long past time for officials at VHA to come to terms with the gravity of the situation, acknowledge problems, and start cooperating with Congress to fix them. No one, especially veterans and their families, should be put at risk because unelected bureaucrats in Washington are more concerned about protecting their own skin than caring for veterans.”

## **VA Hiring Update ► Freeze Could Reduce Bloat and Free Up Resources**

The targeted hiring freeze that acting Veterans Affairs Secretary Sloan Gibson announced recently along with 15 other management reforms could reduce bloat and free up resources to combat the patient wait-time scandal that has engulfed the department, observers say. The hiring freeze would apply to the Veterans Health Administration Central Office and the 21 Veterans Integrated Service Network regional offices, with exceptions for critical positions to be approved by the secretary on a case-by-case basis. The purpose, Gibson said, is to “begin to remove bureaucratic obstacles and establish responsive, forward-leaning leadership.” To that Gibson added a plan to bring on “additional clinical and patient support staff,” promising to “deploy teams of dedicated human resource employees to accelerate the hiring of additional, needed staff.”

Understanding why the two moves that appear to pull in opposite directions are consistent requires focusing on the type of employee who is headquarters-bound in contrast with those on the front line, according to observers *Government Executive* consulted. “Part of the VA’s access to care crisis can be directly attributed to medical staff vacancies in potentially every hospital and outpatient clinic,” said Joe Davis, public affairs director at the Veterans of Foreign Wars Washington Office. “Clerks are important, but right now the VA needs more folks manning the ramparts than they do in the back office.” Max Stier, president and CEO of the nonprofit Partnership for Public Service, said VA may be addressing a common problem. “It is possible that there are too many HQ execs and not enough capacity in the field, a phenomenon in a lot of governmental and private sector entities,” he said. Gibson should be given the benefit of the doubt on these kinds of choices, Stier said, since he has the best information and is running the agency.

Paul Light, a professor of public service at New York University who has long advocated the “delayering” of agency central management, said Gibson didn’t go far enough. “It’s a half step, maybe even less because the word freeze itself suggests that a thaw will follow,” Light said. What the acting secretary “should do is eliminate the positions, ask Congress to get rid of them,” Light added. “My experience over the years has been 100 percent accurate in predicting that frozen

positions will always thaw and be filled in the future. Gibson does not need all those layers, nor the leaders per layer, who are self-aggrandizing in many cases and get in the way.” [Source: GovExec.com | Charles S. Clark | June 11, 2014 ++]

## ***VAMC Phoenix AZ Update ► FBI Opens Investigation***

FBI Director James Comey on 11 JUN told members of the House Judiciary Committee that the bureau's Phoenix office has opened an investigation. The FBI is looking into allegations that VA staffers at its Phoenix facility lied about veterans' wait times for medical care so they could receive a bonus. "We will follow wherever the facts take us. The Phoenix office is where we opened it, because that was the primary locus of the original allegations. We are working with the VA IG," Comey said, responding to questions on if the FBI will expand its investigation. Multiple reports have found that the manipulation of wait time data at VA facilities is a systemic, nationwide issue. The decision comes after Richard Griffin, the VA's acting inspector general, told members of the House Veterans' Affairs Committee that it was investigating 69 VA facilities—not including Phoenix—for allegations including criminal wrongdoing. Griffin added that his office is working with DOJ, but it remains to be seen whether the Justice Department thinks that altering the wait times for veterans to receive care rises to the level of a criminal prosecution. "Once someone loses his job or gets criminally charged for doing this, it will no longer be a game. And that will be the shot heard around the system," he said. Lawmakers from both parties have increasingly called for a criminal investigation into whether VA officials potentially committed fraud by lying about wait times so they could meet performance measures that would—in turn—get them a bonus. [Source: National Journal | Jordain Carney | Jun 12, 2014 ++]

## ***VA Bonuses Update ► Removal Could Hurt Vets More than Execs***

Bonuses have long been a sensitive and controversial topic at the Veterans Affairs Department. A 2011 Government Accountability Office report found that 80 percent of VA's medical care providers together received \$150 million in performance pay despite “no clear link between performance pay and providers’

performance.” Since then, as VA struggled with a mounting backlog of disability claims and now a patient scheduling scandal, members of Congress have repeatedly targeted the department’s bonus program. But eliminating bonuses could make things much worse for veterans by driving out good doctors and administrators who typically make far less money than their counterparts in the private sector, former executives say.

W. Scott Gould, a former deputy Veterans Affairs secretary now in private health care, said VA confronts a 20 percent vacancy rate due to poor compensation relative to commercial hospital pay. Private-sector administrators often make \$600,000 annually, three times what their VA counterparts earn, while VA medical specialists, such as cardiologists, despite making up to \$400,000, are still in the bottom half of their fields in pay, Gould said. Gould said a centralized effort by the Office of Personnel Management in recent years has driven down the number of “outstanding” performance evaluations for senior executives and the average amount of bonuses. “This made an outstanding rating more valuable, because there are fewer, but it denied the ability to provide some variable compensation for top performers.”

W. Todd Grams, VA’s former chief financial officer now a director at Deloitte & Touche LLP, said complaints about VA bonuses are unfair. “When people say ‘bonuses’ it’s just pay in a recognized specialty and for years of experience. That has been a good thing. Data show that VA’s [bonuses] fall in the middle of the pack of average agencies. “I’ve been a CFO, CIO, chief of staff, and performance officer at a variety of agencies both centralized and decentralized,” Grams said. “I’ve never felt that was the be-all and end-all issue. It’s not the main driver of whether you’re successful or unsuccessful. You’ve got to set out policies and expectations people operate under, give them the tools and resources to do the job, and then have a line of sight into how they’re performing.”

The nonprofit Partnership for Public Service has advocated restructuring federal pay to make it more market-sensitive. “We want VA to compete for the very best, who would work with the added benefit that they’re serving veterans, whether that’s through base salary or bonuses,” said Max Stier, the group’s president and CEO. [Source: GovExec.com | Charles S. Clark | June 05, 2014 ++]

## **VA Gulf War Claims ► 4 of every 5 Denied**

While the Veterans Affairs Department encourages former troops with Gulf War illness symptoms to file claims for health care and benefits, only one in five applications are approved, according to data obtained by Military Times. In 2011 — the last time VA published data on claims for undiagnosed illnesses related to service in the 1991 Gulf War — a total of 42,811 vets requested service connection for their symptoms, with 21,072, or 49 percent, approved. Yet new figures provided to Rep. Kerry Bentivolio (R-MI) by VA in April show 54,193 claims have been filed for Gulf War-related illnesses with 11,216 granted service connection — a denial rate of nearly 80 percent.

The figures come with caveats: They do not include compensation claims to Gulf War-era veterans who became sick while on active duty, and of those denied service connection for Gulf War illness, 52 percent are receiving compensation for another service-connected condition. Nonetheless, the low approval rate — and the discrepancies between the 2011 data and the more recent figures — has angered veteran advocates who have worked Gulf War illness issues for years.

“VA prefers to deny the reality of the illness to keep benefits and wait lists down rather than address it honestly and aggressively pursue treatments while veterans suffer,” said Jim Binns, who heads the Research Advisory Committee on Gulf War Veterans’ Illnesses.

Bentivolio requested the updated information because VA had not published it since 2011. VA did not provide that data when it was requested by Military Times in May. On 3 JUN, Binns wrote a letter to acting VA Secretary Sloan Gibson, White House Deputy Chief of Staff Rob Nabors and others asking for an investigation into the VA’s handling of Gulf War-era claims as well as research. Binns said VA has sought to manipulate research, data and independent observations in an effort to deny benefits. “Like the Gulf War battlefield, VA is a toxic environment”, Binns wrote. [Source: NavyTimes | Patricia Kime | Jun 05, 2014 ++]

## **VA Private Care Access ► Congressional Initiatives**

A congresswoman who served in Iraq wants the Veterans Affairs Department to let veterans seek medical care from private physicians without needing approval

from the VA first. Rep. Tulsi Gabbard (D-HI), one of two female combat veterans in Congress, wrote a letter to President Obama on 2 JUN urging him to use his executive powers to order VA to pay for private care for vets unable to get an appointment at a VA facility. While VA already has the ability to approve outside or “non-VA care,” veterans must “undergo bureaucratic red tape” to get that authorization, leaving their “health and well-being in the hands of a broken system,” according to Gabbard. “This is a crisis, and as such, private medical care must be available to veterans without VA pre-approval,” Gabbard wrote. In her letter she asked that the stopgap measure be in place for at least a year or more. “To make any veteran wait for medical care is not only an emergency, it is a travesty,” Gabbard said.

The Hawaii National Guard veteran’s proposal is the latest of lawmaker initiatives intended to accelerate veterans’ access to health treatment. Several bills have been floated or are in the works, including:

- one by Rep. Adam Kinzinger (R-IL) that would direct VA to enter into contracts with private physicians to provide care.
- another from House Veterans’ Affairs Committee Chairman Rep. Jeff Miller (R-FL) that would allow any veteran who could not be seen by VA within 30 days the option to go to a private doctor and bill VA.
- Senate Veterans’ Affairs Committee Chairman Sen. Bernie Sanders (I-VT) will introduce legislation this week proposing that veterans who cannot get timely appointments be allowed to go to community health centers, military hospitals or private physicians. Sanders’ bill also would broaden access within VA, authorizing the department to lease 27 new health facilities as well as hire new doctors, nurses and other providers.
- Legislation to be introduced 3 JUN by John McCain (R-AZ), Jeff Flake (R-AZ), Tom Coburn (R-OK), and Richard Burr (R-NC) will introduce a bill that would allow veterans to seek care outside the VA system under certain conditions.

VA officials on 27 MAY released details of the department efforts to speed veterans’ access to care. Under the initiative, VA began a department-wide review of primary care clinics to determine staffing shortages, authorized extended hours and overtime for providers, and directed VA health facilities to increase use of non-VA care where the hospitals and clinics cannot meet demand. [Source: MilitaryTimes | Patricia Kime | Jun 3, 2014 ++]

## ***VA Terminations ► 6,000 Employees in the Last Two Years***

Lawmakers really want Veterans Affairs Department leaders to fire more employees. The House and a Senate committee have even passed a bill that would make it easier for the head of the department to sack employees in the Senior Executive Service by removing due process protections. Outgoing VA Secretary Eric Shinseki said Friday morning in a speech just before he resigned that he would support such measures.

But he also recently told Congress he had sufficient authority to fire any worker when necessary, noting he forced out 6,000 employees in the last two years. In fact, VA fired 2,247 employees for disciplinary or performance reasons in fiscal 2013, more than any other Cabinet-level agency, according to data from the Office of Personnel Management. That amounted to about 0.7 percent of its workforce, the third highest percentage of any Cabinet agency after the Homeland Security and Commerce departments. Senior executives fared far better than the rest of VA's workforce, however. VA fired just two Senior Executive Service employees for discipline or performance in fiscal 2013, and has terminated a total of three senior executives since fiscal 2008. The data do not include forced transfers or retirements.

Republicans renewed their call for more heads to roll after Shinseki announced his resignation on 30 MAY. "Who else at the VA should be fired?" House Majority Leader Eric Cantor wrote in a Politico op-ed, saying Shinseki's resignation was just a start. He also accused Senate Democrats of blocking the bill – the 2014 VA Management and Accountability Act -- to ease the firing of VA executives. Legal experts have questioned the constitutionality and wisdom of the bill, saying it would violate Fifth Amendment protections, contradict a precedent established in a Supreme Court case and create a partisan civil service.

Currently, SES employees being demoted or fired for misconduct have the right to know the charges against them 30 days prior to the action, to respond in a meaningful way and to see the evidence the agency used to make its decision.

The VA Management and Accountability Act would strip senior executives of these rights.

A senior executive can only be removed for three reasons, according to Debra Roth, a partner at Shaw, Bransford and Roth and general counsel for the Senior Executives Association: misfeasance, or poor performance; malfeasance, or misconduct; and nonfeasance, or the failure to take an assignment outside of the employee's duty area. Employees must be removed from the SES if they receive two "unsatisfactory" ratings within five consecutive years, or two "less than fully successful" ratings within three consecutive years. The Merit Systems Protection Board can review the action and make a non-binding recommendation to the agency; however, employees cannot appeal the actual performance rating.

Not only has it been rare that VA fires senior executives, but even among the rest of the department's workforce, terminations based on discipline or performance have tilted heavily toward the lowest grade levels and lowest earners. Of those fired on the General Schedule pay scale, only 11 percent were GS-11 through GS-15. The rest were lower level GS employees. And 78 percent of those fired in fiscal 2013 made less than \$50,000 a year.

For its part, the Obama administration has raised concerns with the House bill, but fell short of issuing a veto threat. "We do have some concerns that some provisions could result in significant litigation," the White House said after the bill passed the House, "which would divert valuable time and resources from VA's accountability efforts and its core mission of delivering quality services to our veterans. But we've been very clear we want to work with Congress on specific language issues and look forward to discussing the bill going forward." [Source: GovExec.com | Eric Katz | May 30, 2014 ++]

## ***VA Accelerating Care Initiative ► Effort to Shorten Wait Times***

A new Veterans Affairs Department effort to shorten wait times for veterans needing health care could include extended hours and overtime at VA health facilities in addition to increased staffing at some VA clinics. In cases where VA cannot meet demand for timely appointments in-house, the initiative would expand access to care in private health facilities paid for by VA. The VA on May 27



released details of the effort, the “Accelerating Care Initiative,” with officials saying the program was underway with a review of all primary care clinics to determine if they are correctly sized and staffed. Clinics needing more capacity will be authorized extended hours, to include nights and weekends. According to a VA release, facilities will:

- Try at least three times to reach patients new to VA care or new to a clinic if their appointment is more than 30 days away or they are on an electronic wait list.
- Assess whether the veteran wants to be seen sooner, and — if resources are available — provide a new appointment.
- Refer veteran to non-VA care if resources are not sufficient.
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According to a VA fact sheet, this "surge" will continue for at least 90 days. VA officials did not provide an estimated cost of the initiative but said in fiscal 2014, it already has paid \$3.38 billion for health services of 904,714 veterans at non-VA facilities. Veteran service organizations, while welcoming the efforts, questioned why they came so late. "They have always had the authority to utilize purchased care, and we don't think it's been used very effectively," said Garry Augustine, executive director of Disabled American Veterans Washington headquarters.

[Source: NavyTimes | Patricia Kim | Jun 9, 2014 ++]

## ***VA Credibility Update ► IAVA Wants Marshall Plan for veterans***

Just days after Veterans Affairs Secretary Eric Shinseki was forced to resign, lawmakers and veterans groups are pushing their vision for how the department should move forward — and who should be its new leader. On 2 JUN, officials from Iraq and Afghanistan Veterans of America held a Capitol Hill news conference to urge White House officials to adopt a “Marshall Plan for veterans,” including more funding for VA, an overhaul of training and management at local facilities, and the appointment of younger veterans to various leadership positions in the department. The group also wants Shinseki’s replacement to be “a post-9/11 veteran, or someone very familiar with our community,” said IAVA chief executive officer and founder Paul Rieckhoff. “There are 2.8 million men and women who have served in Iraq and Afghanistan,” Rieckhoff said. “They are an

incredibly talented, dynamic generation of leaders. There is definitely talent in that pool up for this challenge.”

Other veterans groups haven’t offered résumé requirements for the potential secretary, but note that simply replacing Shinseki won’t be enough to make them happy or fix VA’s problems. In a statement 30 MAY, American Legion officials called Shinseki’s departure just the first step in efforts to “weed out the incompetence and corruption” within VA. Over the weekend, officials with the Veterans of Foreign Wars called for immediate action on care delay problems and improvements to VA infrastructure while warning against overuse of contracting authority to send veterans outside the department. President Obama has appointed Shinseki’s deputy, Sloan Gibson, to serve as acting secretary for now, but also said that the administration is searching for a permanent replacement. Former Sen. Jim Webb (D-VA), a Vietnam Marine Purple Heart holder, has taken his name out of the running to be the next chief of the Veterans Affairs Department. Lawmakers have asked the White House to move quickly on the matter, but the congressional schedule doesn’t leave much time for a confirmation process this year. The Senate is scheduled to be in session only eight more weeks before it breaks for the August recess, and the chamber is expected to return only briefly during the height of the fall elections.

Meanwhile, lawmakers will continue their oversight of the problem this week, giving the future secretary an advance look at the challenges awaiting on Capitol Hill. The Senate Veterans’ Affairs Committee is scheduled to discuss 5 JUN pending legislation sponsored by chairman Sen. Bernie Sanders, I-Vt., covering dozens of veterans-related provisions, including language to “remove senior executives based on poor job performance while preventing wholesale political firings” and to lease 27 new health facilities to help with the veterans’ care delays. But Republicans thus far have balked at the cost of the wide-ranging measure — estimates put the price tag at around \$24 billion — and have pushed instead for passage of single-subject bills. [Source: MilitaryTimes | Leo Shane | Jun 2, 2014 ++]

## ***POW/MIA Recoveries***

Keeping the Promise", "Fulfill their Trust" and "No one left behind" are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number of Americans

who remain missing from conflicts in this century are: World War II (73,000+), Korean War (7,921) Cold War (126), Vietnam War (1,642), 1991 Gulf War (0), and OEF/OIF (6). Over 600 Defense Department men and women -- both military and civilian -- work in organizations around the world as part of DoD's personnel recovery and personnel accounting communities. They are all dedicated to the single mission of finding and bringing our missing personnel home. For a listing of all personnel accounted for since 2007 refer to [http://www.dtic.mil/dpmo/accounted\\_for](http://www.dtic.mil/dpmo/accounted_for). For additional information on the Defense Department's mission to account for missing Americans, visit the Department of Defense POW/Missing Personnel Office (DPMO) web site at <http://www.dtic.mil/dpmo> or call (703) 699-1169. The remains of the following MIA/POW's have been recovered, identified, and scheduled for burial since the publication of the last RAO Bulletin:

## **Vietnam - None**

## **Korea**

The Department of Defense POW/Missing Personnel Office (DPMO) announced 11 JUN that the remains of a U.S. serviceman, missing from the Korean War, have been identified and will be returned to his family for burial with full military honors. Army Sgt. Delbert D. Kovalcheck, 20, of E. Millsboro, Pa., will be buried June 11, in Arlington National Cemetery near Washington, D.C. In late 1950, Kovalcheck was assigned to Headquarters Company, 3rd Battalion, 31st Regimental Combat Team (RCT), deployed east of the Chosin Reservoir, in North Korea. On Nov. 29, 1950, the 31st RCT, known historically as Task Force Faith, began a fighting withdrawal to a more defensible position. Following the battle, Kovalcheck was reported missing in action. Between 1991 and 1994, North Korea turned over the U.S. 208 boxes of human remains believed to contain 350 - 400 U.S. servicemen who fought during the war. North Korean documents, turned over with some of the boxes, indicated that some of the remains were recovered from Sinhung-ri, near the area where Kovalcheck was believed to have died. To identify Kovalcheck's remains, scientists from the Joint POW/MIA Accounting Command (JPAC) and the Armed Forces DNA Identification Laboratory (AFDIL) used circumstantial evidence and forensic identification tools, including DNA comparisons. Two types of DNA were used; mitochondrial DNA, which matched his maternal-line niece, and Y-STR DNA, which matched his paternal-line cousin.

## World War II

The Defense POW/MIA Office announced the identification of remains belonging to three American servicemen who had been missing in action since World War II. Identified are:

\* Army Pfc. Cecil E. Harris, 179th Infantry Regiment, 45th Infantry Division, lost in France on Jan. 2, 1945. He was accounted for May 29 and will be buried with full military honors on a date and location to be determined.

\* Army Air Forces Staff Sgt. Robert E. Howard, 450th Bomber Squadron, 322nd Bomber Group, Medium, was lost over Germany on April 16, 1945. He was accounted for May 28 and will be buried with full military honors on June 19 in Moulton, Iowa.

\* Army Pfc. Lawrence S. Gordon, Reconnaissance Company, 32nd Armored Regiment, 3rd Armored Division, was lost near Ranee, France, on Aug. 13, 1944. He was accounted for on May 27 and will be buried with full military honors this summer in Canada.

[Source: [http://www.dtic.mil/dpmo/news/news\\_releases/](http://www.dtic.mil/dpmo/news/news_releases/) Jun, 13 2014 ++]

## ***Vet Food Stamps Update ► VA Pending Disability Claim Eligibility***

The House on 11 JUN adopted an amendment from Rep. Jackie Speier (D-CA) to allow veterans to apply for food stamps while their disability claims are pending with the Department of Veterans Affairs. Passed on a voice vote, Speier's amendment to the 2015 Agriculture appropriations bill would increase funding for the Supplemental Nutrition Assistance Program (SNAP), also known as food stamps, by \$1 million to handle claims from veterans. Speier said her proposal would allow the veterans to be eligible for SNAP benefits under the "disabled" category. "This particular amendment addresses the issue of veterans in this country who are living on the edge. The 1.4 million veterans who are living in poverty, the 900,000 who are on food stamps," Speier said. No members objected to Speier's amendment. "I think we can all agree that no disabled veteran should go hungry," said Rep. Dan Benishek (R-MI). Passage of the Agriculture appropriations bill will likely occur 12 JUN. [Source: The Hill | Cristina Marcos | Jun 11, 2014 ++]

## ***Iraq War ► Official, Legal End Amendment Rejected***

The House Appropriations Committee on 10 JUN batted down two pieces of legislation on authorizations for use of military force (AUMF), including one that tried to end the authority in Iraq years after the last U.S. troops returned. Rep. Barbara Lee (D-CA) offered the measures as amendments to \$491 billion defense spending bill for fiscal 2015. The first sought to prohibit funds for the authorization for the AUMF in Iraq that lawmakers approved in 2002. Lee argued that it was time to bring the war in Iraq to “an official, legal end.” Rep. Rodney Frelinghuysen (R-NJ), chair of the panel’s Defense subcommittee, opposed the amendment, noting that U.S. troops left in 2011. He added that there were no funds in spending plan related to Iraq. The amendment was defeated 31-17.

The second, also offered by Lee, would have required the administration to submit reports to Congress on activities carried out under the AUMF against those responsible for the Sept. 11, 2001, terrorist attacks. The California Democrat said the authorization was no longer necessary, 13 years later. Frelinghuysen again rose in opposition, saying such reports could contain classified information and provide U.S. enemies a “road map” into military and intelligence activities. Rep. Adam Schiff (D-CA) who sought to sunset the AUMF in the 2015 authorization bill last month, said the authority was being used in ways “never foreseen in the past.” That amendment was defeated as well, 27-21. [Source: The Hill | Martin Matishak | Jun 10, 2014 ++]

## ***VA Health Care Legislation Update ► Senate Reform Bills***

The Senate introduced a compromise bill aimed at reforming the troubled Department of Veterans Affairs. The legislation would streamline executive firings, expand access to outside health care for rural veterans, hire more doctors and nurses, and look at ways to improve VA computer systems. It was a hard-fought compromise between Sen. John McCain (R-AZ) and Sen. Bernie Sanders (I-VT) who both floated VA reform bills to help solve a widening scandal over patient scheduling abuses and veteran deaths. Sen. Marco Rubio (R-FL), who sponsored a bill solely on firing VA executives, said Thursday he also supports the compromise.

Support quickly built, but the bill needed to pass a floor vote in the Senate, which has built a reputation for gridlock. Congress is grappling with how to fix the nation's largest integrated health system, which serves 6.5 million veterans per year, since the VA scandal broke in April with news that 40 veterans might have died due to a secret wait list kept at a Phoenix hospital. The House passed a bill last month that would give the VA secretary power to fire department executives at will, which supporters say is necessary to clear out an entrenched culture of unaccountability and wrongdoing. "I can fully assure you I am not 100 percent happy with [the compromise bill]," Sanders said. "I would have written a very different bill, [but] right now we have a crisis on our hands, and it is imperative we deal with that crisis."

Under the bills, VA employees could be fired immediately by the secretary and would stop receiving pay and benefits. They could file an appeal within a week and would have a right to an appeal committee verdict within three weeks. "Under appeal, that person will not receive a salary but that employee will receive due process," McCain said. A key proposal of McCain's legislation introduced 3 JUN also made it into the compromise bill. Veterans who live more than 40 miles from a VA hospital or clinic and cannot get care within a reasonable time would be allowed to choose where they are treated. The VA already approves some outside care but McCain and Sanders say the bill will make that easier for veterans. Here is what else the bill includes:

- \$500 million in unobligated VA funds for hiring doctors and nurses
- Leases for 26 new major medical facilities in 18 states
- Expansion of sexual assault treatment
- The creation of commissions to review VA computer systems and construction programs
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"We both had to make some very tough compromises," McCain said. "Usually that is a sign of bipartisanship and proof it is a good piece of legislation." McCain said the bill will go to the Senate floor and face potential amendments in the coming weeks. [Source: Stars and Stripes | Travis J. Tritten | June 05, 2014 ++]

The Senate's passage 11 JUN of S.2450 (Veterans' Access to Care through Choice, Accountability, and Transparency Act of 2014.), legislation intended to stop veterans from dying waiting for health care, is likely to be Congress's last major

reform bill for the year to address failings in veterans' services or clean up the embattled Veterans Affairs Department. The bill, which makes it easier to fire incompetent VA officials and expands veterans' access to health care, passed the Senate 93-3. The legislation still needs to be reconciled with similar legislation passed by the House before it can be sent to President Obama and implemented into law. [Source: National Journal | Stacey Kaper | Jun 12, 2014 ++]

## **VA Health Care Access Update ► H.R.4810 Passed w/Unanimous Vote**

United and eager to respond to a national uproar, the House overwhelmingly approved the Veteran Access to Care Act (H.R.4810) introduced 9 JUN to make it easier for patients enduring long waits for care at Veterans Affairs facilities to get VA-paid treatment from local doctors. Lawmakers were so keen to vote for the bill, they did it twice. The 10 JUN 426-0 final vote was Congress' strongest response yet to the outcry over backlogs and falsified data at the beleaguered agency. Senate leaders plan debate soon on a similar, broader package that has also drawn bipartisan support, underscoring how politically toxic it could be to be seen as ignoring the problem. House members didn't want to be left out of their roll call.

An unusual second vote, superseding the House chamber's original 421-0 passage of the bill barely an hour earlier, was taken after a handful of lawmakers missed the first one. They included Veterans Affairs Committee Chairman Jeff Miller (R-FL), the bill's author, who said he had been in his office. "I cannot state it strongly enough — this is a national disgrace," Miller said during the preceding debate. Other participants said of the situation:

- Rep. Mike Michaud of Maine, top Democrat on the House Veterans Affairs Committee (HVAC) said, "We often hear that the care that veterans receive at the VA facilities is second to none — that is, if you can get in. As we have recently learned, tens of thousands of veterans are not getting in." Monday night, a top VA official told the veterans committee that there is "an integrity issue here among some of our leaders."
- Philip Matkovsky, who helps oversee the VA's administrative operations, said of patients' long waits and efforts to hide them, "It is irresponsible, it is

indefensible, and it is unacceptable. I apologize to our veterans, their families and their loved ones.”

- Richard Griffin, acting VA inspector general, told lawmakers his investigators were probing for wrongdoing at 69 agency medical facilities, up from 42 two weeks ago. He said he has discussed evidence of manipulated data with the Justice Department, which he said was still considering whether crimes occurred. “Once somebody loses his job or gets criminally charged, it will no longer be a game and that will be the shot heard around the system,” Griffin said.

The House bill would let veterans facing long delays for appointments or living more than 40 miles from a VA facility choose to get care from non-agency providers for the next two years. Some veterans already receive outside care, but the bill would require the VA to provide it for veterans enduring delays or who live far away. In Chicago, the American Medical Association added its voice, urging President Barack Obama to take immediate action to enable veterans to get timely access to care from outside the VA system. The nation’s largest doctors group also recommended that state medical societies create and make available registries of outside physicians willing to treat vets. VA performance bonuses have also been an issue in recent disclosures. And the House bill would ban bonuses for all VA employees through 2016 and require an independent audit of agency health care. An earlier House-passed bill would make it easier to fire top VA officials. Miller said VA would save \$400 million annually by eliminating bonuses, money the agency could use for expanded care.

Senators have written a similar bill, which Senate Majority Leader Harry Reid (D-NV) said his chamber would consider “as soon as it is ready.” Senate Minority Leader Mitch McConnell (R-KY) said the chamber should debate the bill immediately, instead of first considering a Democratic measure letting borrowers refinance student loans at lower rates. “Veterans have been made to wait long enough at these hospitals,” McConnell said. [Source: The Associated Press | Alan Fram | Jun 10, 2014 ++]



## *Following is a Summary of Veteran Related Legislation Introduced in the House and Senate since the Last Bulletin was Published*

### **Date Action Note**

Jun 30 - Jul 4 State Work Period Independence Day- Jul 4

Aug 4 - Sep 5 State Work Period Labor Day- Sep 1

Target Adjournment Date TBD

- H.R.4759: **VA non-Department Health Care Pilot Program.** A bill too direct the Secretary of Veterans Affairs to carry out a pilot program under which eligible veterans may elect to receive hospital care and medical services at non-Department of Veterans Affairs facilities, and for other purposes. Sponsor: Rep LoBiondo, Frank A. [NJ-2] (introduced 5/29/2014)
- H.R.4760: **Veterans' Health Care Flexibility Act.** A bill to amend title 38, United States Code, to improve the ability of veterans to receive health care at private medical facilities. Sponsor: Rep Ribble, Reid J. [WI-8] (introduced 5/29/2014).
- H.R.4766: **VA Bonus Suspension Until Backlog Eliminated.** A bill to prohibit the Secretary of Veterans Affairs from paying bonuses to certain employees of the Department of Veterans Affairs until the backlog of disability claims is resolved, to establish a commission to evaluate such backlog, and for other purposes.
- H.R.4769: **Veterans Involved in Police Services Act of 2014.** A bill to amend part Q of title I of the Omnibus Crime Control and Safe Streets Act of 1968 to authorize grant funds to be used for the Troops-to-Cops Program. Sponsor: Rep McNerney, Jerry [CA-9] (introduced 5/29/2014)
- H.R.4774: **Veterans' Health Accountability Act.** A bill to require accountability in the Veterans Health Administration. Sponsor: Rep Stockman, Steve [TX-36] (introduced 5/29/2014)
- H.R.4778: **Atomic Veterans Service Medal Act.** A bill to authorize the award of a military service medal to members of the Armed Forces who were exposed to ionizing radiation as a result of participation in the testing of nuclear weapons or under other circumstances. Sponsor: Rep McGovern, James P. [MA-2] (introduced 5/30/2014)
- H.R.4779: **Veterans Need Timely Access to Care Act.** A bill to amend title 38, United States Code, to ensure that veterans who experience extended

waiting times for appointments at medical facilities of the Department of Veterans Affairs may receive care at non-Department facilities. Sponsor: Rep Denham, Jeff [CA-10] (introduced 5/30/2014)

- H.R.4793: **Reducing Barriers for Veterans Education Act of 2014.** A bill to amend title 38, United States Code, to include the cost of applying to an institution of higher learning as part of the benefits provided under the Post-9/11 Educational Assistance Program. Sponsor: Rep Murphy, Patrick [FL-18] (introduced 5/30/2014) Committees: House Veterans' Affairs
- H.R.4807: **Cold War Service Medal Act of 2014.** A bill to amend title 10, United States Code, to provide for the award of a military service medal to members of the Armed Forces who served honorably during the Cold War, and for other purposes. Sponsor: Rep Israel, Steve [NY-3] (introduced 6/5/2014)
- H.R.4810: **Veteran Access to Care Act of 2014.** A bill to direct the Secretary of Veterans Affairs to enter into contracts for the provision of hospital care and medical services at non-Department of Veterans Affairs facilities for Department of Veterans Affairs patients with extended waiting times for appointments at Department facilities, and for other purposes. Sponsor: Rep Miller, Jeff [FL-1] (introduced 6/9/2014)
- H.R.4812: **Honor Flight Act.** A bill to amend title 49, United States Code, to require the Administrator of the Transportation Security Administration to establish a process for providing expedited and dignified passenger screening services for veterans traveling to visit war memorials built and dedicated to honor their service, and for other purposes. Sponsor: Rep Richmond, Cedric L. [LA-2] (introduced 6/9/2014)
- H.R.4816: **Toxic Exposure Research and Military Family Support Act of 2014.** A bill to establish in the Department of Veterans Affairs a national center for the diagnosis, treatment, and research of health conditions of the descendants of veterans exposed to toxic substances during service in the Armed Forces, to provide certain services to those descendants, to establish an advisory board on exposure to toxic substances, and for other purposes. Sponsor: Rep Honda, Michael M. [CA-17] (introduced 6/9/2014). Related Bills: S.1602
- H.R.4841: **Improve Vet Access to VA Medical Care.** To improve the access of veterans to medical services from the Department of Veterans Affairs,

and for other purposes. Sponsor: Rep Kirkpatrick, Ann [AZ-1] (introduced 6/11/2014)

- **S.2401: Increasing Medical Oversight in the Department of Veterans Affairs Act of 2014.** A bill to amend title 38, United States Code, to establish the Office of the Medical Inspector within the Office of the Under Secretary for Health of the Department of Veterans Affairs. Sponsor: Sen Tester, Jon [MT] (introduced 5/22/2014)
- **S.2413: Restoring Veterans Trust Act of 2014.** A bill to improve the provision of medical services and benefits to veterans, and for other purposes. Sponsor: Sen Sanders, Bernard [VT] (introduced 6/2/2014)
- **S.2419: VA Accountability Act of 2014.** A bill to protect America's veterans from dishonesty and malfeasance in the delivery of medical services and to hold the Department of Veterans Affairs accountable to those they serve. Sponsor: Sen Toomey, Pat [PA] (introduced 6/3/2014)
- **S.2422: Improve Access to VA Medical Care.** A bill to improve the access of veterans to medical services from the Department of Veterans Affairs, and for other purposes. Sponsor: Sen Sanders, Bernard [VT] (introduced 6/3/2014)
- **S.2423: Veterans Access to Care Accountability Act.** A bill to improve wait times for appointments for hospital care, medical services, and other health care from the Department of Veterans Affairs, to improve accountability of employees responsible for long wait times for such appointments, and for other purposes. Sponsor: Sen Shaheen, Jeanne [NH] (introduced 6/3/2014)
- **S.2424: Veterans Choice Act of 2014.** A bill to provide veterans with the choice of medical providers and to increase transparency and accountability of operations of the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes. Sponsor: Sen McCain, John [AZ] (introduced 6/3/2014)
- **S.2425: Ensuring Veterans' Resiliency Act.** A bill to require the Secretary of Veterans Affairs to carry out a pilot program to reduce the shortage of psychiatrists in the Veterans Health Administration of the Department of Veterans Affairs by repaying loans for certain psychiatrists, to carry out a pilot program to provide housing allowances to health care providers of the Veterans Health Administration who accept assignment at rural and

highly rural clinics, and for other purposes. Sponsor: Sen Begich, Mark [AK] (introduced 6/4/2014)

- S.2428: **Transparency in Cost of Veterans Care Act of 2014.** A bill to amend title 38, United States Code, to ensure that the Department of Veterans Affairs provides temporary care in the most cost effective manner when patients are relocated during medical facility construction and renovation projects, and for other purposes. Sponsor: Sen Leahy, Patrick J. [VT] (introduced 6/4/2014)
- S.2448: **Servicemember Higher Education Protection Act.** A bill to protect servicemembers in higher education, and for other purposes. Sponsor: Sen Hagan, Kay [NC] (introduced 6/5/2014) Cosponsors (None)
- S.2450 **Veterans' Access to Care through Choice, Accountability, and Transparency Act of 2014.** A bill to improve the access of veterans to medical services from the Department of Veterans Affairs, and for other purposes. Sponsor: Sen Sanders, Bernard [VT] (introduced 6/9/2014)

[Source: <http://www.loc.gov> & <http://www.govtrack.us/congress/bills> Jun 12, 2014 ++]